

Prostate Specific Antigen

CPT: 84153

Summary of CMS National Coverage Policies*

Coverage Indications, Limitations, and/or Medical Necessity

Prostate Specific Antigen (PSA), a tumor marker for adenocarcinoma of the prostate, can predict residual tumor in the post-operative phase of prostate cancer. Three to 6 months after radical prostatectomy, PSA is reported to provide a sensitive indicator of persistent disease. Six months following introduction of antiandrogen therapy, PSA is reported of distinguishing patients with favorable response from those in whom limited response is anticipated.

PSA when used in conjunction with other prostate cancer tests, such as digital rectal examination, may assist in the decision-making process for diagnosing prostate cancer. PSA also serves as a marker in following the progress of most prostate tumors once a diagnosis has been established. This test is also an aid in the management of prostate cancer patients and in detecting metastatic or persistent disease in patients following treatment.

Indications

PSA is of proven value in differentiating benign from malignant disease in men with lower urinary tract signs & symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia & incontinence) as well as with patients with palpably abnormal prostate glands on physician exam, and in patients with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder. PSA is also a marker used to follow the progress of prostate cancer once a diagnosis has been established, such as detecting metastatic or persistent disease in patients who may require additional treatment. PSA testing may also be useful in the differential diagnosis of men presenting with yet undiagnosed disseminated metastatic disease.

Limitations

Generally, for patients with lower urinary tract signs or symptoms, the test is performed only once per year unless there is a change in the patient's medical condition.

Testing with a diagnosis of in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare’s limited coverage policy. If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.

*Please refer to the Limitations or Utilization Guidelines section on previous page(s).

CODE	DESCRIPTION
C61	Malignant neoplasm of prostate
C79.51	Secondary malignant neoplasm of bone
N40.0	Benign prostatic hyperplasia without lower urinary tract symp
N40.1	Benign prostatic hyperplasia with lower urinary tract symp
N40.2	Nodular prostate without lower urinary tract symptoms
N41.9	Inflammatory disease of prostate, unspecified
N42.9	Disorder of prostate, unspecified
R31.0	Gross hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R39.11	Hesitancy of micturition
R39.12	Poor urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R97.20	Elevated prostate specific antigen [PSA]
R97.21	Rising PSA fol treatment for malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

To view the complete policy and the full list of codes, please refer to the CMS website [Home - Centers for Medicare & Medicaid Services | CMS](#)